Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, October 5, 2022

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0903 hours by Jason	
New Members & Guests	Guests: (1) Allison Fillman (resident at Resurrection), doing her EMS rotation. (2) Joe Albert (system paramedic, special presenter).	
Minutes & Agenda	Motion to approve September minutes made by Adam, second by Phil (with change to "call to order by Jason" – motion granted, minutes approved. No additions to agenda.	
Old Business **a. Naloxone** **b. Pleural Decompression** **c. Surgical Crics** **d. Childbirth**	**a. Naloxone:** Reviewed incidents where the Sp02 was >94% & RR > 12. 17 incidents total. One was medication administration documentation error. One with pinpoint pupils. Many were contraindicated per SOPs. A few were because of how the screen pulls calls, (might have to tweak the screen to look at vitals right before Narcan administered). Some did have initial RR above 12, then decreased to less than 12, which is when Narcan was given; this is compliant with SOP. Some discussion followed about why it was given on a handful of calls that did not meet SOP criteria. Most of these had some sort of AMS, and possible substance abuse and/or pinpoint pupils, despite no decrease in RR. Overall, the conclusion was that the screen should be modified somewhat to pull only calls truly non-compliant with SOP, and some re-education needed on AMS alone not being an indication for Narcan. **b. Pleural Decompression**: Looked at 5 years of data, anytime it was done. 21 total incidents. Majority of incidents listed as "cardiac arrest" – this is most likely traumatic arrest, just not documented as such. The remainder were a smattering of other traumatic injuries. Inside those 21 calls, we actually made 29 attempts (some calls had multiple attempts). Of the 29, we were successful 27 times. There was no documentation as to why for the 2 unsuccessful attempts. 12 had an Sp02 value documented prior to procedure. Some were the cardiac arrests, which are understandably hard to obtain an Sp02, so those were thrown out. 75% of the non-arrest calls had Sp02 documented. 8 incidents had Sp02 before and after the procedure. 85.7% had lung sounds documented prior to decompression. 28.6% had documented lung sounds after. Dr. Jordan asked if ImageTrend had a standard procedure tab for pleural decompression, or if it is left for the medic to manually enter the information about the procedure (i.e., Sp02 before/after, lungs sounds before/after, vitals before/after, needle size, etc.). A quick search on ImageTrend told us there does not appear to be any power tool or specific procedural tab, so it's incumbent on the medic to put all these items in, which is unlikely to happen. It is possible on Imagetrend to set this up a s a "power tool," or some other sort of standardized way of entering the information, so we get more consistent data. Further research on this to follow.	

	c. Surgical Crics: Partially complete screen. 5-year span. Total of 18 documented surgical crics. Total of 15 incidents (a few calls had multiple attempts). 13 of the 15 indicated patient went into cardiac arrest at some point on the call. 14 of the 15 calls had a successful surgical cric. The one that did not, documented difficult anatomic landmarks from a self-inflicted gun shout wound. Not a lot of discussion, mostly the results are what we expect, and all are happy with the high success rate. **d. Childbirth:** 3 incidents over a 5-year time frame. Jason said there were some challenges pulling the data, because of the options available for documentation. He will look further into this next month to try and find a different way to gather data.	
New Business **a. Documentation seminar** **b. Traumatic Arrest screen**	**a. Documentation Seminar:** (Special Guest Presenter) – Joe Albert presented. A documentation seminar will be hosted in January at some point. Looking to present for 2 days, ImageTrend will also be on site. Day one will be how to enter data – setting up validation points, etc. Joe is looking for feedback on if there are specific things, we see in the field, that need addressing. One suggestion was cardiac arrest – there are too many ways to document it and we get all kinds of random documentation, and most of them are wrong. Another suggestion was proper drug documentation – it seems to get documented incorrectly frequently, so if there is a way to streamline this, it would be helpful. Kourtney also mentioned she has a list that she will send Joe of "hot topic" items that will be covered in Feb CE for ImageTrend, that he might be able to tie into the documentation seminar. Morning of 2nd day will be a more advanced ReportWriter class. **b. Traumatic Arrest screen:** As it stands, it is a 5-year time frame, Jason might scale that down if he gets a lot of incidents. He presented what data points he's going to be collecting from the screen. We will also get numbers on the traumatic arrests that are triple 0, asystole that don't end up getting worked.	
CARS Update	IV pump documentation now available.	
Cardiac Arrest Committee	Had a meeting yesterday (meet bi-monthly now). New worksheet in the committee that they are using to compile data. Pass this info along to agencies. Going to do some videos for CE coming up in November, based on various scenarios and manpower. Zoll putting on a cardiac arrest symposium coming up on Oct. 24, at Palatine FD, station 84, from 9am-1pm.	
System Updates	50th anniversary coming up in January.	
From the floor / Closing remarks	None.	
Adjournment	Next meeting November 2, 2022 – motion to adjourn by Jon second by Craig. Meeting adjourned at 1002. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	